

REJUSTIFICATION REQUEST FOR OUTLIER FUNDING

1:1 OR ENHANCED STAFF SUPPORT PROVIDED IN A RESIDENTIAL OR DAY PROGRAM SETTING

I. Currently approved for:

- ☐ 1:1 staff support.
- ☐ Enhanced staff support due to the needs of one person.
- ☐ Enhanced staff support due to the needs of more than one person.

II. Request:

- ☐ Continue as is. (No change in supervision level or funding). Complete Items III through VIII.
- ☐ Amend pattern. (Include updated "Residential Staffing Grid" if provided in a residential setting). Complete Items III through VIII.

Amount of Funding Requested: \$ _____

Describe Change: _____

- ☐ No longer needed. (Provide statement as to why 1:1/enhanced staff support is no longer needed.) Skip Items III through VIII.

III. Location(s) in which staffing is provided.

IV. Name(s) and Social Security Number(s) of those receiving enhanced staff support.

V. Approved staffing pattern: (from previously approved request). Use "Residential Staffing Grid" if provided in a residential setting.

VI. For each recipient, describe how the enhanced staffing or 1:1 staffing is being utilized and the progress/improvements that resulted from the enhanced staff support. (Attach behavior support plan, behavior data, annual plan, enhanced schedule of activities, and any other pertinent supporting documentation.)

**VII. For each recipient, describe the plan for fading the enhanced staff support.
(May attach BSP if plan is included.)**

VIII. Include the most recent financial report for the residential cost center.

Requester Name: _____ **Date:** _____

**DSN Board/
Provider Agency:** _____ **Phone #:** _____

E-Mail Address: _____